

Basic Filing Fee								\$	740
Multiple Dependent Claim Fee (\$ 280)								\$	
Foreign Language Surcharge (\$ 130)								\$	
	For	Number Filed		Number Extra		Rate			
Extra Claims	Total Claims	47	-20	27	x	\$	18	= \$ 486	
	Independent Claims	4	-3	1	x	\$	80	= \$ 80	
TOTAL FILING FEE								\$	1,306

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- ☒ Please charge Applicant's Credit Card in the amount of \$1,306.00. A Credit Card Payment Form is enclosed for fee purposes.
  - ☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR § 1.16 and § 1.17 which may be required in connection with this application, or credit any overpayment, to Deposit Account No. 50-1744 in the name of Syngenta Biotechnology, Inc.

Please address all correspondence to the address associated with Customer No. 022847, which is currently:

Syngenta Biotechnology, Inc.  
Patent Department  
P.O. Box 12257  
Research Triangle Park, NC 27709-2257

Please direct all telephone calls to the undersigned at the number given below, and all telefaxes to (919) 541-8614.

Respectfully submitted,



Date: January 23, 2002

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